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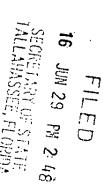
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## **COVER LETTER**

Division of Corporations
SUBJECT: Live in Flops LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Live in Flip Flops, LLC Firm Company Firm Company
Hernandina Beach, FL 32034
lovane live in flip flops - com  E-mail address: (to be used for future ahnual report hotification)
For further information concerning this matter, please call:
LouAnn Davis  at (301) 4666-1544  Name of Person  at (301) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status &
(additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Registration Section  Division of Comparties

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Livein</u>	Flip Fl	205 LLC	<u>ソ</u>	
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it da Limited Liability	now appears on our re Company)	ecords.)	
The Articles of Organization for this Limited Liability  Florida document number F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Company were	filed on May	$\frac{2014}{1000}$ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability co	ompany here:		
Live in Flip Flopo The new name must be distinguishable and contain the words "Li		npany," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2	799-A T	irst Avenue	
(Principal office address MUST BE A STREET ADD	oress) Fe	roandina	Beach, FL	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-	istered office a	ddress on our rec	高さら	<u>ew</u>
Name of New Registered Agent:	eu Ann I	bvis, Live	in Flip Flops, L	w
New Registered Office Address: 29	199-A	First Ave Enter Florida street a	FUE	
<del>Y</del> e	ernandi	na Beach	, Florida 32034	
			=	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO MGR	LouAnnDanis	2999-A First Ave. Fernandina Beach, Fl Remove Legal Zoor	Add - 32034 Remove
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